

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PD-429)

SERIAL NO.

640960

FILING DATE

8-16-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
1	1					
2						
3						
4						
6						
6						
7						
8	1					
9		1				
10						
11	1					
12						
13						
14						
16						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
28						
30						
31						
32						
33						
34						
36						
36						
37						
38						
39						
40						
41						
42						
43						
44						
46						
46						
47						
48						
49						
60						

4-16-00

	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
61						
62						
63						
64						
66						
66						
67						
68						
68						
69						
61						
62						
63						
64						
65						
66						
67						
68						
68						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL						